

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

IN RE: NEW ENGLAND
COMPOUNDING PHARMACY, INC.
PRODUCTS LIABILITY
LITIGATION

This Document Relates To:

MDL No. 1:13-md-2419-FDS

All Actions

_____/

NOTICE OF COMPLIANCE REGARDING PROOF OF CLAIM

Non-party Carlos Jassir, M.D., Pain Management Center of West Orange, by and through undersigned counsel, files his Notice of Compliance Regarding the Proof of Claim that was filed on his behalf as an unaffiliated Non-Debtor Claimant/affiliate and participant in the Voluntary Mediation Program pursuant to the Court's August 15, 2013 Order. (See Dkt. 394) A copy of the Proof of Claim sent via overnight delivery to the Clerk of the bankruptcy court on November 1, 2013 is attached hereto as Exhibit 1.

Dated: November 4, 2013.

s/ Richards H. Ford

Richards H. Ford
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Post Office Box 2753
Orlando, FL 32802
PH: 407-843-3939
Fax: 407-649-8118
Counsel for Carlos Jassir, M.D., Pain
Management Center of West Orange

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on November 4, 2013, I electronically filed the foregoing document with the Clerk of the Court using the CM/ECF system. I further certify that the foregoing document is being served this day via transmission of a Notice of Electronic Filing generated by CM/ECF to registered participants.

s/ Richards H. Ford

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Counsel for Carlos Jassir, M.D., Pain
Management Center of West Orange

Exhibit 1

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS
EASTERN DIVISION

**IN RE: NEW ENGLAND
COMPOUNDING PHARMACY, INC.**

**Chapter 11
Case No. 12-19882-HJB**

NOTICE OF FILING OF PROOF OF CLAIM

Pursuant to 11 U.S.C. § 501, this Court's Order dated September 27, 2013 (Dkt. 582), and the district court's Order in the MDL action, In Re: New England Compounding Pharmacy, Inc., Products Liability Litigation, MDL No. 1:13-md-2419-FDS ("the MDL") (Dkt. 394 at 9), non-party Carlos Jassir, M.D., Pain Management Center of West Orange, by and through undersigned *pro hac vice* counsel, hereby files the attached Proof of Claim (Ex. A) as an unaffiliated Non-Debtor Claimant/affiliate.

Dated: November 1, 2013.

s/ Richards H. Ford

Richards H. Ford (*pro hac vice*)
Florida Bar No. 288391
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Counsel for Carlos Jassir, M.D., Pain
Management Center of West Orange

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that the foregoing was sent via overnight delivery to the Clerk of the Bankruptcy Court for filing as the undersigned was recently admitted *pro*

hac vice and has not yet received a CM/ECF log-in and password. The forgoing will be docketed by the Clerk and sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF). Further, a copy is also being mailed pursuant to the Court's Order (Dkt. 582 at 3) to:

Donlin, Recano & Company, Inc.
Re: New England Compounding Pharmacy, Inc.
P.O. Box 2053
Murray Hill Station
New York, NY 10156

s/ Richards H. Ford

Richards H. Ford (*pro hac vice*)
Florida Bar No. 288391
rford@wickersmith.com
WICKER, SMITH, O'HARA, McCOY &
FORD, P.A.
Post Office Box 2753
Orlando, FL 32802
PH: 407-843-3939
Fax: 407-649-8118
Counsel for Carlos Jassir, M.D., Pain
Management Center of West Orange

Exhibit A

B 10 (Official Form 10) (12/12)

UNITED STATES BANKRUPTCY COURT DISTRICT OF MASSACHUSETTS		PROOF OF CLAIM
Name of Debtor: NEW ENGLAND COMPOUNDING PHARMACY, INC., d/b/a NEW ENGLAND COMPOUNDING CENTER TAX ID. NO. 04-3407495	Case Number: 12-19882-HJB	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Carlos Jassir, M.D., Pain Management Center of West Orange.		
Name and address where notices should be sent: Richards H. Ford, Esquire WICKER, SMITH, O'HARA, McCOY & FORD, P.A. Post Office Box 2753 Orlando, FL 32802 Counsel for Carlos Jassir, M.D., Pain Management Center of West Orange Telephone number: 407-843-3939 E-mail: rford@wickersmith.com		COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: (If known) _____ Filed on: _____
Name and address where payment should be sent (if different from above): Same as above Telephone number: _____ E-mail: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$0 (unknown) If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: Used Debtor's products with very small number of patients, none of whom has filed a formal claim against Dr. Jassir. Claim filed as an unaffiliated Non-Debtor Claimant/affiliate defined in MDL Court's August 15, 2013 Order (Dkt. 394) (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection:
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following the priority and state the amount.		
6. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). 11 U.S.C. § 507 (a)(4).		
<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier —		
<input type="checkbox"/> Contributions to an employee benefit plan -- 11 U.S.C. § 507		
Amount entitled to priority: \$ _____		
Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -- 11 U.S.C. § 507 (a)(7).		
<input type="checkbox"/> Taxes or penalties owed to governmental units — 11 U.S.C. § 507 (a)(8).		
<input type="checkbox"/> Other — Specify applicable paragraph of 11 U.S.C. § 507 (a) (____).		
<i>*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the document are not available, please explain:

8. Signature: (See instruction #8) Check the appropriate box.

- ☐ I am the creditor. ☐ I am the creditor's authorized agent ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am the guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim and in the attached "PITWD Addendum" (if required and submitted) is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: _____

Title: _____

Company: _____

Address and telephone number (if different from notice address above): _____

(Signature)

(Date)

Telephone number: _____

E-Mail: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

IF YOU ARE ASSERTING A CLAIM FOR PERSONAL INJURY, PLEASE COMPLETE, SIGN AND RETURN THE ENCLOSED CONFIDENTIAL PERSONAL INJURY OR WRONGFUL DEATH CLAIM INFORMATION FORM (THE "PITWD ADDENDUM"). DO NOT INCLUDE ANY MEDICAL INFORMATION IN YOUR ANSWERS TO THE QUESTIONS ON THIS FORM. INSTEAD INCLUDE PRIVATE MEDICAL INFORMATION ONLY IN YOUR ANSWERS TO THE QUESTIONS IN THE PITWD ADDENDUM